

**Federal Communications Commission Rural Health Care Pilot Program
Wyoming Network for Telehealth (WyNETTE) Quarterly Data Report
30 October 2008**

ATTACHMENT 1: LETTERS OF AGENCY RECEIVED AS OF 10/30/08

1. *Project Contact and Coordination Information*

a. Identify the project leader(s) and respective business affiliations.

Dr. Rex Gantenbein, University of Wyoming (Associate Project Coordinator)
Larry Biggio, Wyoming Health Information Organization

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

Dr. Dorothy C. Yates, Associate VP for Research and Economic Development
University of Wyoming
1000 E. University Avenue, Department 3355
Laramie WY 82071
Telephone: 307.766.5320
Fax: 307.766.2608
E-mail: dyates4@uwyo.edu

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

University of Wyoming

d. Explain how project is being coordinated throughout the state or region.

Revision of the HRSA ORHP Rural Health Care Network Development grant to the University of Wyoming was approved in September 2008. A project coordinator (Dr. Robert Wolverson) was hired at UW and is now working full-time on the project.

2. *Identify all health care facilities included in the network.*

See attachment 1 for a list of facilities in the state that have filed Letters of Agency with the project as of 10/30/08.

3. *Network Narrative.*

At this time, we have not begun the competitive bidding process. We anticipate filing the FCC Form 465 early in November.

4. *List of Connected Health Care Providers.*

At this time, no providers have been connected.

5. *Identify the following non-recurring and recurring costs, where applicable, shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.*

No costs were budgeted or incurred for the current quarter.

6. *Describe how costs have been apportioned and the sources of the funds to pay them.*

At this time, no costs have been apportioned. We have received \$100,000 in matching funds from the Public Health Emergency Preparedness Program in the Wyoming Department of Health, in addition to the \$15,000 previously received. The remaining matching funds from the Wyoming Association of Mental Health and Substance Abuse Centers have not yet been received; however, we have sufficient matching funds to cover the 15% costs for the current fiscal year.

7. *Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.*

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We have not yet identified which (if any) ineligible entities will wish to connect to the network.

8. Provide an update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report.

An operating charter for the network has been drafted to define the responsibilities and principles for the project leadership. The following individuals have been added as members of the leadership group since the July 2008 report:

- Dennis Ellis, Wyoming Medical Society
- Dr. Jerry Calkins, Wyoming Health Information Organization.

b. The project schedule.

The interim board has approved the following project schedule. Deadlines after February 2009 are subject to negotiation with the selected vendor.

TASK	DEADLINE
Complete network design	29 August 2008 (completed)
Collect Letters of Agency	30 October 2008 (completed)
Submit Form 465	15 November 2008 (revised)
Collect responses to Form 465	31 December 2008 (revised)
Review responses to Form 465	15 January 2009 (revised)
Submit Form 466A	31 January 2008 (revised)
Execute vendor contract	15 February 2009 (revised)
Deploy network	31 December 2009
Complete project	30 June 2010

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how the network is self sustaining.

See attachment 2 for a discussion of sustainability. A formal plan will be submitted prior to the submission of Form 466A.

10. Provide detail on how the supported network has advanced telemedicine benefits.

At this time, the network is not delivering services.

11. Provide detail on how the supported network has complied with HHS health IT initiatives.

The network has not addressed these initiatives.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

At this time, this coordination has not taken place.

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HOSPITALS/CLINICS Facility Name	Address	Zip	RUCA Code	Phone #	CEO/Contact
Bridger Valley Family Practice (ERH)	107 N. Main Street, Lyman WY 82937	82937	10.5	(307) 787-3313	Carol J. Schmoyer
Campbell County Memorial Hospital	P.O. Box 3011, Gillette WY 82717	82717	4	(307) 688-1000	Robert A. Morasko
Crook County Hospital	P.O. Box 517, Sundance WY 82729	82729	10	(307) 283-3501	Doris Brown
Evanston Regional Hospital	190 Arrowhead Dr., Evanston WY 82930	82930	4	(307) 789-3636	Carol J. Schmoyer
Hulett Clinic (Crook County Memorial Hospital)	122 Main Street, Hulett WY 82720	82720	10.5	(307) 283-3501	Doris Brown
Ivinson Memorial Hospital	255 North 30th St., Laramie WY 82070	82070	4	(307) 742-2141	Carol Dozier
Johnson County Memorial Hospital	497 West Lott, Buffalo WY 82834	82834	7	(307) 684-5521	Laurie Hansen
Memorial Hospital of Carbon County	2221 West Elm Street, P.O. Box 460, Rawlins WY 82301	82301	7	(307) 324-2221	Kenneth W. Schulze
Memorial Hospital of Converse County	P.O. Box 1450, Douglas WY 82633	82633	7	(307) 358-2122	Thomas J. Nordwick
Moorcroft Clinic (Crook County Memorial Hospital)	101 West Crook, Moorcroft WY 82721	82721	10.5	(307) 283-3501	Doris Brown
Mountain View Clinic (ERH)	531 Parkway Drive, Mountain View WY 82939	82939	10.5	(307) 782-7650	Carol J. Schmoyer
North Big Horn Hospital	1115 Lane 12, Lovell WY 82431	82431	10	(307) 548-5200	Peter Birkholz
Powell Valley Healthcare	777 Avenue H, Powell WY 82435	82435	7	(307) 754-2267	Rod Barton
South Big Horn County Hospital District	388 South US Hwy. 20, Basin WY 82410	82410	10	(307) 568-3311	Jackie Claudson
Star Valley Medical Center	910 Adams Street, P.O. Box 579, Afton WY 83110	83110	10	(307) 885-5800	J. Steve Perry
West Park Hospital	707 Sheridan Avenue, Cody WY 82414	82414	7	(307) 527-7501	Doug McMillan

MH/SA CLINICS Facility Name	Address	Zip	RUCA Code	Phone #	CEO/Contact
Cedar Mountain Center (West Park Hospital)	707 Sheridan Avenue, Cody WY 82414	82414	7	(307) 578-2421	Doug McMillan
Central Wyoming Counseling Center	1430 Wilkins Circle, Casper WY 82601	82601	1	(307) 237-9583	Mike Huston, MA (Exec Dir)

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CMC Behavioral Health (West Park Hospital District)	1701 Stampede Avenue, Cody WY 82414	82414	7	(307) 527-7014	Doug McMillan
Fremont Counseling Service: Lander	748 Main Street, Lander WY 82520	82520	7	(307) 332-2231	Jerry L. McAdams, MS (Exec Dir)
Fremont Counseling Service: Riverton	1110 Major Ave., Riverton WY 82501	82501	4	(307) 856-6587	Jerry L. McAdams, MS (Exec Dir)
Jackson Hole Community Counseling Center	P. O. Box 1868, 640 E. Broadway, Jackson WY 83001	83001	4	(307) 733-2046	Debra Sprague
Northern Wyoming Mental Health: Buffalo	521 W. Lott St., Buffalo WY 82834	82834	7	(307) 684-5531	Tom Sefcik (Exec Dir)
Northern Wyoming Mental Health: Newcastle	420 Deanne Ave., Newcastle WY 82701	82701	7	(307) 746-4456	Tom Sefcik (Exec Dir)
Northern Wyoming Mental Health: Sheridan	P.O. Box 3079, 113 West Brundage, Sheridan WY 82801	82801	4	(307) 672-8958	Tom Sefcik (Exec Dir)
Northern Wyoming Mental Health: Sundance	P. O. Box 66, 420-1/2 Main St., Sundance WY 82729	82729	10	(307) 283-3636	Tom Sefcik (Exec Dir)
Peak Wellness Center	1609 East 19th Street, Cheyenne WY 82001	82001	1	(307) 632-9362	David Birney, PhD, (Exec Dir)
Peak Wellness Center: Albany County	1263 N. 15th St., Laramie 82072	82072	4	(307) 745-8915	David Birney, PhD, (Exec Dir)
Peak Wellness Center: Goshen County	501 Albany Ave, Torrington 82240	82240	7	(307) 532-4091	David Birney, PhD, (Exec Dir)
Peak Wellness Center: Laramie County	P.O. Box 1005, 2526 Seymour Ave., Cheyenne WY 82003	82003	1	(307) 634-9653	David Birney, PhD, (Exec Dir)
Peak Wellness Center: Platte County	P.O. Box 1078, 1945 W. Mariposa Pkwy, Wheatland WY 82201	82201	7	(307) 322-3190	David Birney, PhD, (Exec Dir)
Pioneer Counseling Services	350 City View Dr., Ste 302, Evanston WY 82930	82930	4	(307) 789-7915	David E. Nees, ACSW (Exec Dir)
Pioneer Counseling Services	303 South Main, Lyman WY 82937	82937	10.5	(307) 787-2105	David E. Nees, ACSW (Exec Dir)
Southwest Counseling Service Foothill	2706 Ankeny Way, Rock Springs WY 82901	82901	4	(307) 352-6692	Jan Torres (Board Chair)

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Southwest Counseling Service: Administrative Offices	1124 College Road, Rock Springs WY 82901	82901	4	(307) 352-6656	Jan Torres (Board Chair)
Southwest Counseling Service:House	2300 Foothill, Rock Springs WY 82901	82901	4	(307) 352-6614	Jan Torres (Board Chair)
WPH Psychiatry	707 Sheridan Avenue, Cody WY 82414	82414	7	(307) 578-2283	Doug McMillan

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ATTACHMENT 2: SUSTAINABILITY DISCUSSION DOCUMENT

The purpose of this document is to provide a starting point for discussion on development and implementation of a sustainable telehealth network for the state of Wyoming.

Wyoming's Investments in Telehealth

Since 2004, the state of Wyoming has been active in developing interest and infrastructure to support the deployment of telehealth to improve access to and quality of health care to its residents. The Wyoming Department of Health (WDH), in cooperation with the University of Wyoming Center for Rural Health Research and Education (UW CRHRE), used federally mandated grant funding as well as state support to establish a number of pilot projects throughout the state, ranging from home health monitoring and tele-mental health to online continuing education and research report access.

Even so, prior to 2007 only a few hospitals and clinics in the state were using telehealth technologies for any purpose. Hospitals in Wheatland, Torrington and Worland - all Banner Health hospitals – had used videoconferencing for administrative and educational sessions with their regional and corporate headquarters. The hospital in Cody now connects to the Eastern Montana Telehealth Network in Billings and the hospital in Afton is a member of the Cooperative Telehealth Network in Pocatello, Idaho. A few other hospitals in the state had videoconferencing and other telehealth equipment, but these did not meet current video standards and had not been used for some time, if at all.

However, thanks to cooperation among several private and public agencies, efforts are now underway to expand telehealth capacity throughout Wyoming:

- Cheyenne Regional Medical Center (CRMC) used federally mandated funds to support deployment of videoconferencing equipment in seven hospitals in the southeast corner of the state. Aided by a Rural Health Network Planning grant from HRSA Office of Rural Health Policy awarded to the CRHRE, CRMC has created the Southeast Wyoming Telehealth Network (SEWTN). This consortium, the only telehealth network currently operating within the state, supports programs of professional education, administration, clinical pilots, and healthcare professional recruiting.
- Through the efforts of the Wyoming Department of Health, the Wyoming Hospital Association (WHA) and participating hospitals, 24 of the 26 acute care hospitals now have videoconferencing equipment which meets current video standards. These hospitals have successfully participated in a number of statewide activities including continuing education programs coordinated by CRMC and a telehealth summit meeting.
- WDH's Division of Mental Health and Substance Abuse has used funding from the state to deploy up-to-date videoconferencing equipment to nearly all mental health centers and substance abuse clinics in the state.
- Thirteen organizations in Wyoming successfully applied to the FCC Rural Health Care Pilot Program for support to create a dedicated telecommunications network in the state to support telehealth, particularly mental health and substance abuse. The University of Wyoming is the contracting and fiscal agent for this project, which will provide 85% of the costs to create the infrastructure for this network; the remaining 15% is being provided by the Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC), the WDH Office of Rural Health, and the WDH Division of Public Health Emergency Preparedness. The dedicated network will mean improved speed, more reliable connections, and reduced competition for bandwidth at all connected facilities.

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- Wyoming Medical Center (WMC) in Casper has initiated a telestroke program to support neurological consults for emergency rooms in rural hospitals. A first link between WMC and the hospital in Douglas has been created, and links to other sites in central Wyoming and elsewhere are being planned. WMC, the University of Wyoming, Wyoming Neurologic Associates, and the American Heart Association have submitted a proposal to the HRSA ORHP Rural Health Care Services Outreach Grant program to support this expansion to at least six other sites over the next three years.
- The CRHRE received in 2008 a three-year HRSA ORHP Rural Health Network Development Grant that will, in partnership with CRMC and other organizations, support management of the FCC program and the development of a statewide organization, the Wyoming Network for Telehealth (WyNETTE). The network will be designed to bring the benefits of innovative telehealth and telemedicine services to those areas in the state where the need is most acute.

Challenges and Opportunities

While it is clear that Wyoming has made significant advances in the deployment of telehealth technology throughout the state over the last few years, these advances are largely short-term projects that can only continue as long as their project funding is available. The design, development, and operation of a sustainable telehealth network for Wyoming presents a number of challenges and opportunities:

- The services offered must be responsive to statewide and community needs.
- The network must provide value to both patients and the healthcare community.
- Operations must be based on a sound business plan to fund, implement, and manage the network infrastructure and services offered.
- The network infrastructure must provide capacity for growth as additional applications and services are identified.
- The governance process must reflect statewide and local activities, partnerships, networks, and operational structures.

It is expected that, as the network is developed, healthcare providers in (and perhaps outside of) Wyoming will offer services via telehealth to meet the statewide and local community needs. The network must therefore provide the infrastructure and a set of shared common services that allow network members to provide the needed telehealth services. A good understanding of current and future anticipated needs will guide the design of the network and its supporting services.

Some work has already been done to determine the needs of the healthcare community. CRMC conducted a needs assessment among the six other hospitals in the SEWTN to identify the most pressing unmet health care needs in their communities that could be addressed through telehealth. The results of that assessment are summarized in Table 1.

As has been expressed by other healthcare community members, and confirmed in the CRMC survey, Continuing Medical Education (CME) and tele-mental health are high initial priorities. Both these services can be provided with moderate bandwidth. However, as demand increases for high definition video and more complex and data-intensive clinical services, the network must be able to expand to meet those needs.

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Table 1. Results of CRMC needs assessment.

Identified need	Number of sites expressing need (of 6 sites)
<i>Clinical needs</i>	
Psychiatry and other mental health	5
Dermatology	4
Wound care	4
Emergency medicine/trauma care	2
Link to Shriners Hospital for Children	2
<i>Educational needs</i>	
Continuing medical education (real time)	6
Continuing education contact hours	4

To be successful, WyNETTE must demonstrate value to the healthcare community and patients. While telehealth advocates are aware of the benefits of telehealth, an aggressive education and outreach program will be needed to show others the value of telehealth and increase its acceptance.

Developing sustainability

The sustainability of WyNETTE will need to be based on the delivery of services that provide value to patients and the healthcare community, and must be financially supported by those who benefit from the network and the services provided thereon. While grants and other one-time funding are helping support the build out of the network and its services, stable, long-term sources of funding is required to support network operations.

Critical to WyNETTE's sustainability is a governance structure capable of setting direction, ensuring accountability, and being responsive to members needs and their varying organizations structures. Given that the bulk of the network operations are anticipated to be contracted out, the governance structure must also interface with any entity providing oversight and support to network operations.

Over the last two years, representatives from the WDH, the WHA, the Wyoming Health Information Organization (WyHIO), CRMC, WMC, UW CRHRE, and the Wyoming Medical Society (WMS) have formed the Wyoming Telehealth Leadership Group. This group is addressing statewide telehealth network issues, and has adopted three major goals:

1. Complete the deployment of a statewide telehealth network.
2. Implement telehealth applications for the statewide telehealth network, focusing initially on Continuing Medical Education (CME), with later expansion to clinical applications.
3. Develop a plan for sustaining Wyoming's telehealth efforts.

Over the next few months, this group will work with entities throughout the state's healthcare community to:

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- seek financial and political support for the network;
- develop and implement a network business plan, with an emphasis on sustainability and measurement of value provided;
- guide and oversee network design, installation, and operation;
- build credibility and value by implementing delivery of priority telehealth services that can be quickly implemented with existing resources; and
- determine the longer-term service needs and priorities of the healthcare community.

This group is conducting specific activities to support development of WyNETTE as a sustainable network. Discussions have begun with private contractors to create a membership and sustaining funds campaign for the network; financial support from WMC and CRMS will help offset the costs of this campaign. In addition, WDH will be requesting \$230,000 from the 2009 Wyoming Legislature to support the network governance and management.

Preliminary planning

The long-term operation of WyNETTE will consist of two components: the equipment and telecommunications infrastructure needed to transmit information, and the common services to support the network's operations and those of its members.

Equipment and telecommunications infrastructure

This component of the network will include:

- communications equipment and recurring line charges;
- end point video equipment for the members; and
- video bridging and switching equipment.

In the original proposal to the FCC Rural Health Pilot Program, we estimated that maintaining this infrastructure beyond the initial network build-out will cost over \$400,000 per year, as shown in Table 2. Dividing this amount equally among the 72 proposed sites in the network would result in each member paying \$5,635 each year. However, this would not only be unfair to the smaller sites in the network, as their usage is likely to be significantly less than larger ones, but would in fact be far beyond their means. As part of our sustainability planning during the current build-out, we will create an algorithm for more equitably dividing these costs among the partners based on facility size and/or income, network usage, services offered, and other related factors.

In addition, we will seek external support to reduce the overall costs of the network infrastructure. Possible sources beyond membership fees – such as additional federal grants, recurring state funding, and private support – are currently being explored. We have had discussions with existing successful telehealth networks in Nebraska, Alaska, and Montana, all of which have similar characteristics to Wyoming and provide good models for a sustainable network.

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Table 2. Estimated ongoing infrastructure costs for the Wyoming Network for Telehealth.

Annual network line costs	\$ 383,616
Annual network line maintenance cost	\$ 39,282
Annual network management cost estimates	\$ 26,600
Estimated equipment upgrade costs (Based on 5 year rotating replacement)	\$ 71,300
USF annual network line reimbursement (Estimating 30% reimbursement)	-\$ 115,084
Total estimated network annual costs	\$ 405,714

Common services

Elements of this component will include such services as:

- contract administration and oversight;
- member help desk;
- installation and maintenance of equipment;
- video bridging;
- technical support, to include audio-visual, network operations, content and event management;
- clinical application development and support;
- project management;
- accounting and general administration, to include USAC reimbursement;
- education and outreach;
- scheduling; and
- cost tracking and value measurement.

Through participation in workshops and training sessions provided by HRSA ORHP, the National Cooperative of Health Networks, and the American Telemedicine Association among others, members of the Wyoming Telehealth Leadership group have learned valuable lessons about how a network can support these sorts of activities without relying entirely on short-term grants. Among the possible sources of revenue are membership dues in return for centralized network services, fees for specific services, support from state appropriations or public service funds, in-kind contributions of staff time and space from members or other entities (such as a university), and “indirect” costs derived from savings on group purchasing of services or equipment contracts negotiated by the network on behalf of its members.

We are currently exploring these options to determine which are best suited for WyNETTE. Based on experience from SEWTN and discussions with vendors and other networks/projects, we estimate that the ongoing costs for common services, as shown in Table 3, could be as much as \$725,000 annually. As part of our sustainability planning, we will determine which of these costs are critical to the development of WyNETTE and the most feasible sources from which to acquire revenue or savings to offset them.

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Table 3. Estimated ongoing common services costs for the Wyoming Network for Telehealth.

Annual technical support	\$ 230,000	3 FTE support staff plus contract costs as needed
Annual content management and event coordination	\$ 238,000	3 FTE support staff plus medical director contract
Annual accounting and administration	\$ 45,000	1 FTE
Annual operations support costs	\$ 87,000	Supplies, space, travel, telecommunications
Annual scheduling system license	\$ 100,000	
Annual content and new initiatives development	\$ 25,000	
Total estimated network annual costs	\$ 725,000	